

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

Quarterly Report

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

October to December 2006

INTRODUCTION

The purpose of this report is to summarize the contacts made to the Customer Service and Community Rights (CSCR) Team during the second quarter of the 2006/2007 fiscal year which includes the months of October, November and December 2006. The CSCR Team is one of three teams in the Advocacy and Customer Service Section of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

Contacts, or cases, consist of calls, letters and emails received by the CSCR Team. The content of the cases can vary widely but all have some relationship to the public mental health, developmental disability and substance abuse service delivery system in North Carolina.

Following is a summary and relevant discussion of the types of contacts that came into the CSCR office, the issues reported, how the issue was resolved and the time necessary to resolve the issue and information about the complainants. The intent is to provide an overview of the cases the CSCR team addressed during the second quarter of the 2006/2007 fiscal year.

This report includes additional data that was not available for the first quarter report. Included in this report are data and summaries about how contacts to the CSCR Team were resolved and data regarding the funding source associated with the contact.

The Non Medicaid Appeals rule was made effective October 2006. The CSCR Team will process these appeals. The final report of the fiscal year will include summary statistics regarding these cases when complete information is available.

This report is intended to provide accessible and useful information for a variety of stakeholders. The current report is designed to provide a snapshot of the quarterly contacts made to the CSCR Team. We welcome any comments and suggestions.¹

¹ Please contact Cindy Koempel at Cindy.Koempel@ncmail.net or Stuart Berde, Team Leader at Stuart.Berde@ncmail.net. We may be reached by phone at (919) 715-3197.

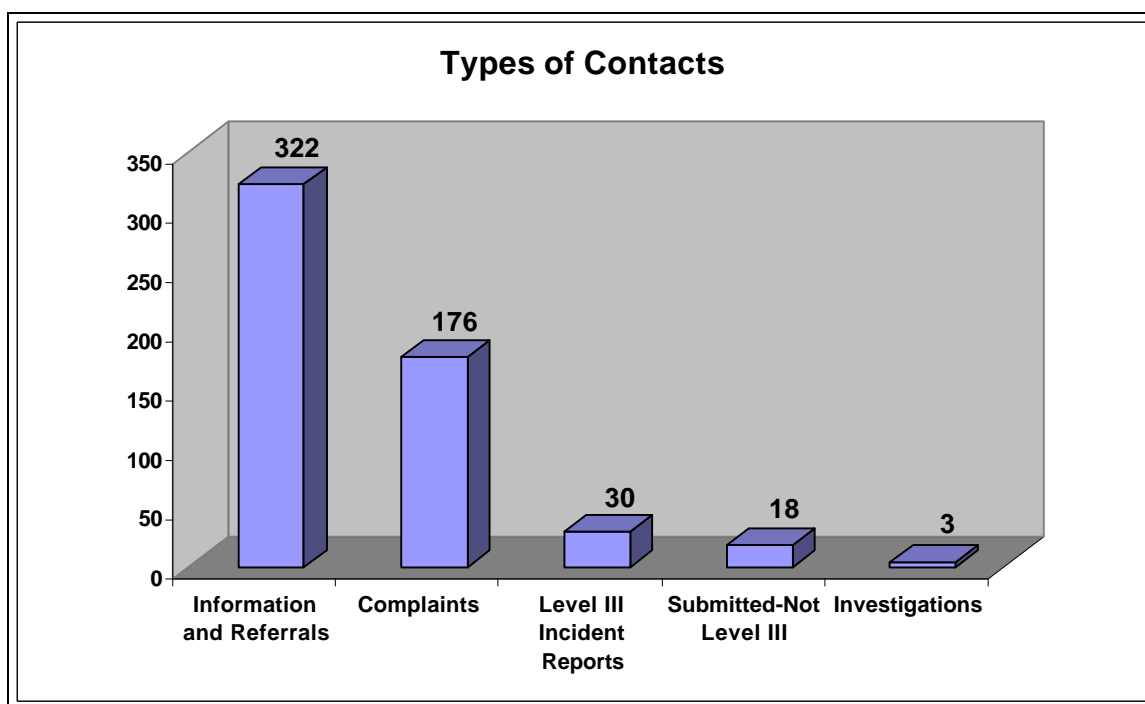
Summary of Significant Conclusions

- The CSCR Team received 549 contacts during the second quarter of the 2006/2007 fiscal year. A majority of the contacts were for information and referral.
- The majority of issues in the contacts were resolved the same day they were received.
- Contacts regarding access to services accounted for 147 of the issues reported.
- LMEs with higher populations tend to have more contacts associated with them.
- Consumers initiated 117 contacts. Family members, friends and/or associates of consumers initiated 223 contacts. Often, the contacts from family and friends lead to direct contact with the consumer.
- CSCR staff resolved 40% of the contacts in this quarter. Thirty percent of the contacts were resolved by referral to another agency and 27% were resolved by referral to the LME Customer Service Office.
- A majority of the contacts to the CSCR Team apply to the Mental Health disability group with the combined Mental Health/Developmental Disability (dual disability) group a very close second.
- Sixty Seven percent of the contacts were associated with Medicaid funds.

Types of Contact

The CSCR Team received a total of 549 contacts during the second quarter of the 2006/2007 fiscal year. The chart below illustrates how many of each type of contact the CSCR team received. The contacts are categorized by the CSCR Team in the following ways:

- **Information and Referrals** are contacts in which the CSCR Team must provide information and refer the person involved to the best resource to meet the need.
- **Complaints** are any expression of dissatisfaction. The CSCR team often incorporates some form of education or technical assistance in response to complaints.
- **Level III Incident Reports** are reviewed by the CSCR Team in a Quality Management capacity. The CSCR Team provides a division level review of the incident.
- **Investigations** are formal inquiries into allegations of violation of law, rule or policy in a community program. Investigations are often completed with other regulatory teams within DHHS and/or the LME provider monitoring and customer service offices.
- **Submitted – Not Level IIIs** are incident reports that were submitted but did not meet the definition of level III, but require technical assistance from the CSCR Team or LME.



Resolution/Response Time

The CSCR Team works to resolve contacts as efficiently as possible. Our goal is to facilitate a resolution the same day the contact comes to the team. A contact is considered “resolved” at the point where the CSCR Team has assisted in every way possible within the DMH/DD/SAS system. Often issues are resolved when the CSCR team offers the most appropriate referral and/or information.

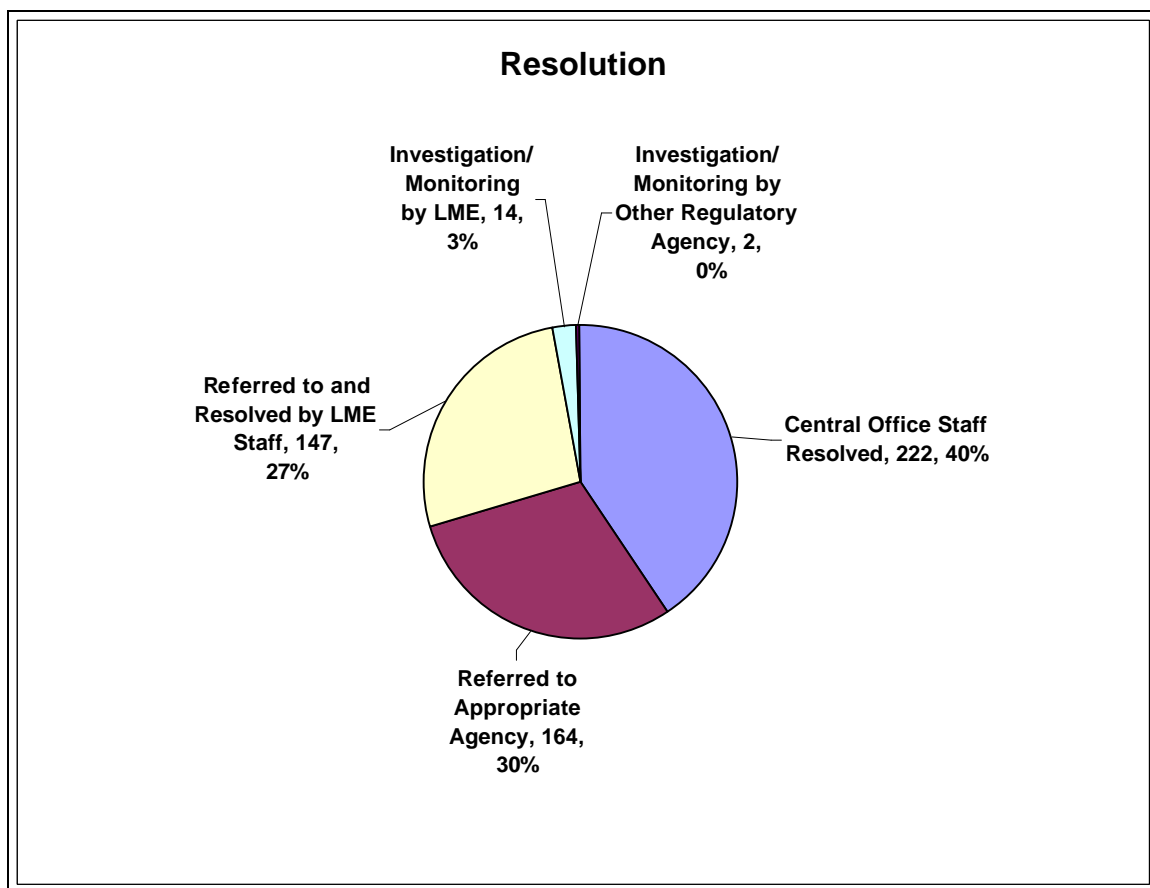
The table below summarizes the CSCR Team’s resolution timeframes in this quarter. The most frequent response time for all contacts is the same day the contact came to the CSCR office. Some contacts are much more involved and require more time to resolve.

The mean or average response time for all contacts, including investigations, is 3 days with the maximum time to find a resolution at a little over 2 months. Investigations require travel, collaboration with other agencies, collection of evidence and a formal report of findings. The timeframes for investigations are guided by administrative rule 10NCAC 27G.0607. As noted in the table below, the maximum time taken to resolve a complaint was approximately 1 month and the maximum time taken to resolve information and referral contact was 22 days.

Resolution/Response Time				
	Mean	Most Frequent	Min	Max
All Contacts	3 Days	Same Day	Same Day	64 Days
Complaints	3 Days	Same Day	Same Day	38 Days
Information and Referral	1 Day	Same Day	Same Day	22 Days

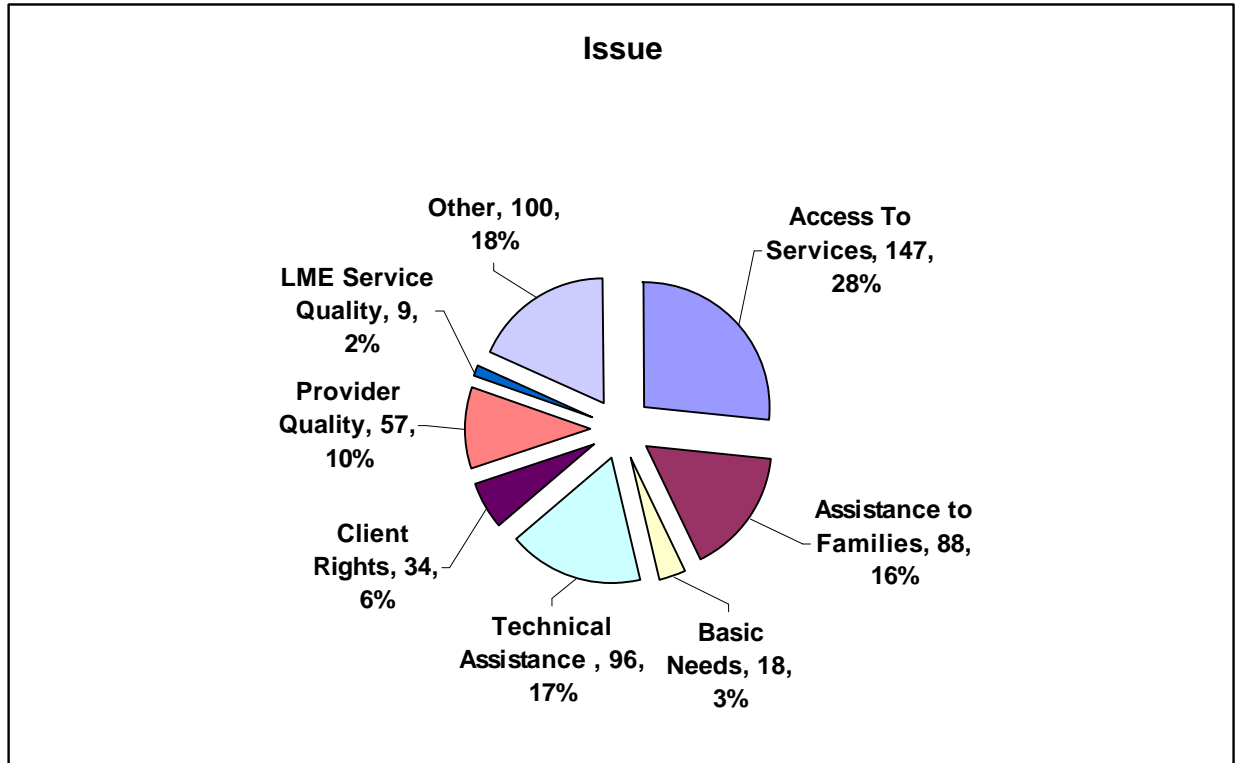
Resolution

The CSCR Team maintains collaborative relationships with many agencies in order to resolve issues. During this quarter, 40% of the contacts were resolved directly by the CSCR Team. We strive to provide customer service to all contacts regardless of whether the issue is one related to DMHDDSAS. Because the CSCR Team is familiar with many resources, the CSCR Team referred the person to the appropriate resource or agency in 30% of the total cases. When a contact requires local assistance and expertise, as in 27% of the contacts this quarter, the CSCR Team involves the LME customer service office to find a resolution. Certain contacts lead to investigations or monitoring of a provider by the LME or another regulatory agency. During this quarter, 16 contacts required referral for investigations.



Type of Issue

Contacts are categorized as types of issues by the CSCR Team. Contacts regarding Access to Services accounted for 28% of the issues reported this quarter. Assistance to Families accounted for 16% of the contacts. The CSCR Team provides technical assistance to LMEs, providers and to people with issues regarding Medicaid. Contacts regarding technical assistance accounted for 17% of the contacts this quarter. Clients Rights contacts involve calls concerning alleged violations of consumer rights in law or administrative rule.



Local Management Entity Associated

Contacts to the CSCR Team come from all areas of North Carolina. The table below summarizes the contacts received for each LME in this quarter. It should be noted that a high number of contacts from a particular LME does not necessarily reflect LME quality. This likely indicates higher population size and consumer knowledge of how to issue a complaint. The chart below illustrates that generally LMEs with higher populations have more contacts. LMEs in the contact range from 14 to 64 (Wake to Durham) range in population rank from 1 to 16 while LMEs in the contact range from 3 to 13 (Alamance-caswell-Rockingham) ranges in population rank from 9 to 28.

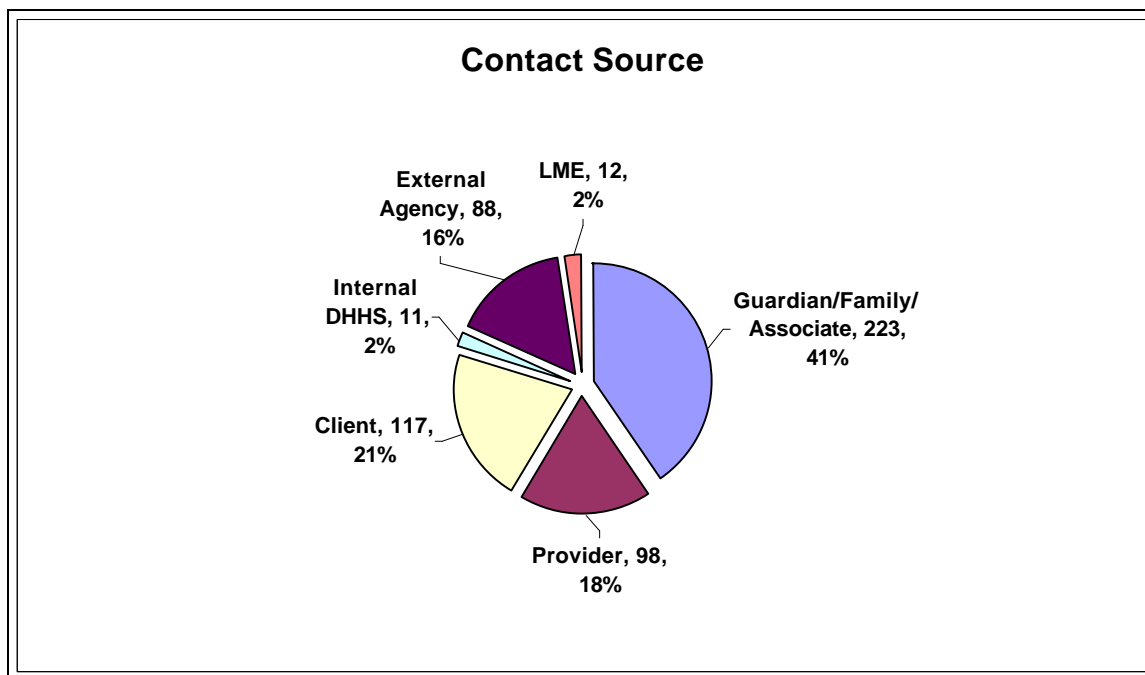
Local Management Entity Associated With Contacts			
	# of Contacts	July 1, 2006 Population	Population Rank
Wake	64	769,244	2
Guilford	31	443,753	6
Western Highlands	29	487,587	5
Piedmont	23	669,213	3
Sandhills	23	516,621	4
Mecklenburg	20	805,291	1
Pathways	20	362,078	8
Cumberland	15	315,287	10
CenterPoint	14	414,181	7
Durham	14	246,184	16
Onslow-Carteret	13	226,540	19
Alamance-Caswell-Rockingham	13	257,135	12
Eastpointe	12	291,647	11
Pitt	12	145,310	25
Edgecombe-Nash Wilson-Greene	12	243,910	17
Johnston	11	150,557	24
Crossroads	11	253,073	14
New River	10	165,724	22
Foothills	9	248,657	15
Neuse	9	115,825	27
Southeastern Regional	8	254,177	13
Five County	8	231,356	18
Southeastern Center	8	318,545	9
Orange-Person- Chatham	8	219,407	20
Tideland	8	93,894	28
Albermarle	7	133,729	26
Smoky Mountain	6	185,588	21
Catawba	6	151,232	23
Roanoke-Chowan	3	76,272	29

Contact Source

Contacts to the CSCR Team may be initiated by anyone. However, confidentiality laws and regulations require that follow up may not be possible. This is especially true when contacts are initiated by someone other than the consumer, his/her legal guardian or someone the CSCR Team has permission to work with by the consumer or guardian.

Someone close to the consumer (family, friend or guardian) made 41% of the contacts while 21% of the contacts were initiated by the consumers themselves. Often, the original contact may come from a relative or friend and this leads to further contact with the consumer.

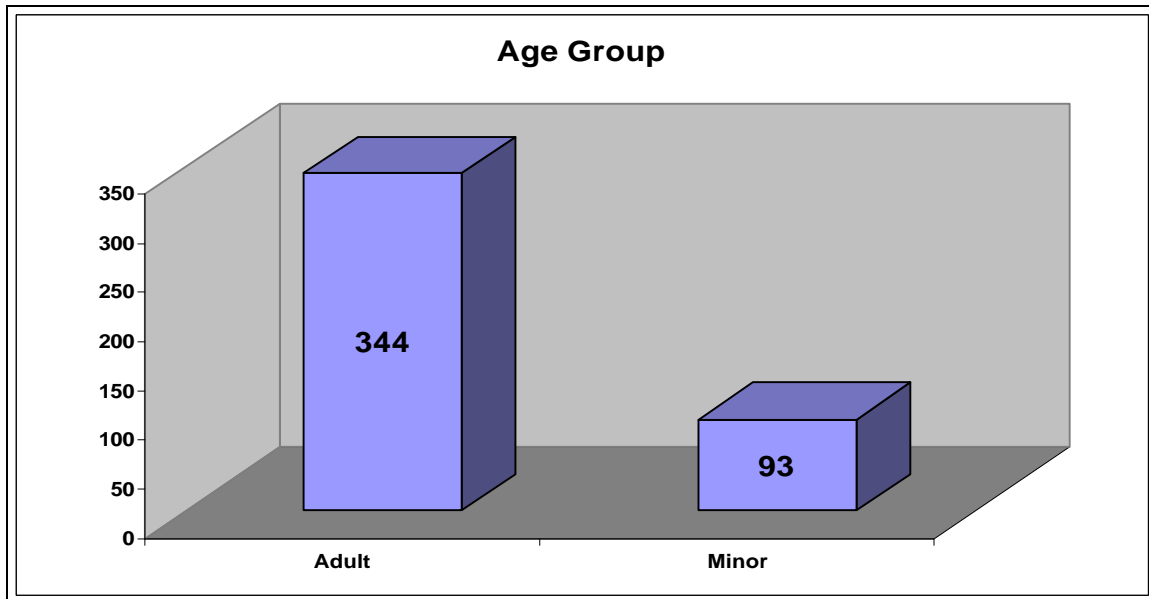
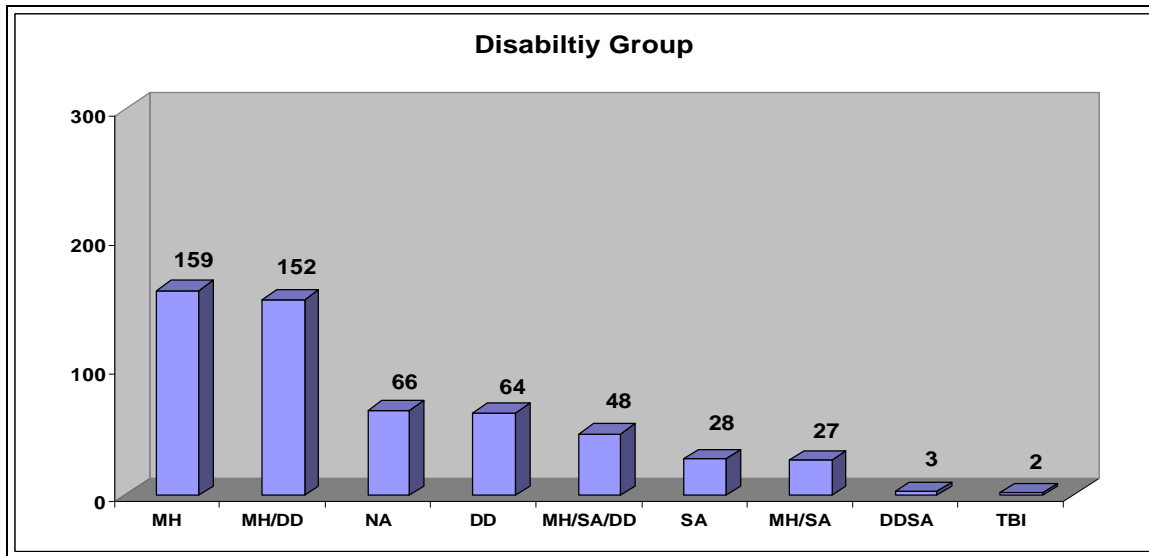
Provider contacts accounted for 18% of the cases. Providers contacting the CSCR Team typically do so for technical assistance and information. In this role, the CSCR Team provides the information requested or acts as a liaison between the provider and the DMHDDSAS section(s) that can best be of assistance.



Disability and Age Group

A majority of the contacts to the CSCR Team are associated with a certain disability group. The column NA represents contacts that did not fall into any particular disability group. These contacts are usually outside the DMHDDSAS system. In such cases, the CSCR Team attempts to assist by linking people to the agency or resource needed.

As can be noted on the graph, a majority of the contacts came from the Mental Health (MH) disability group with the combined Mental Health/Developmental Disability group a very close second. Also, most contacts during this quarter involved adult consumer issues.



Funding Source

The CSCR Team tracks the funding source associated with each contact. Our office is charged with ensuring rights protections of consumers in publicly funded MH/DD/SA services. As can be seen in the chart below, a large percentage of the contacts (67 percent) were associated with regular Medicaid funds while state funded services accounted for 15% and the CAP Medicaid Waiver services accounted for 9%.

